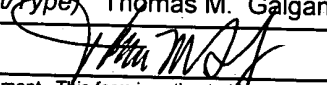


Please type a plus sign (+) in this box

PTO/SB/05 (03-01)

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| | | | | | |
|---|--|--|-----------------------------------|--|------------------|
| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional application under 37 CFR 1.53(b))</small> | | Attorney Docket No.: First Named Inventor: Title: Express Mail Label No.: | | 1685-3 THOMAS BERGER ABANDONED PROPERTY ESCHEAT ASSIGNMENT AND REPORTING SYSTEM EV 171218370 US | |
| APPLICATION ELEMENTS <small>See MPEP chapter 6000 concerning design patent application contents</small> | | | | ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | |
| <div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(submit an original, and a duplicate for fee processing)</small></div> <div>2. <input checked="" type="checkbox"/> Applicant claims small entity status <small>See 37 CFR 1.27</small></div> <div>3. <input checked="" type="checkbox"/> Specification [Total Pages _____] <small>(preferred arrangement set forth below, MPEP 1503.01)</small><ul style="list-style-type: none">- Descriptive Title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</div> <div>4. <input checked="" type="checkbox"/> Drawings(s) (37 CFR 1.152) [Total Sheets _____]</div> <div>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages _____]<ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<ul style="list-style-type: none">a. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior appl., see 37 CFR 1.63(d)(2) and 1.33(b)</div> <div>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div> | | | | <div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</div> <div>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies orii. <input type="checkbox"/> paperc. <input type="checkbox"/> Statements verifying identity of above copies</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">22264 U.S. PTO 10/672493 09/26/03</div> <div style="text-align: center;">ACCOMPANYING APPLICATION PARTS</div> <div>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</div> <div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></div> <div>11. <input type="checkbox"/> English Translation Document (if applicable)</div> <div>12. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input type="checkbox"/> Copies of IDS Citations</div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></div> <div>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</div> <div>17. <input checked="" type="checkbox"/> Other: ...PTO-2038 Form.....</div> | |
| 18. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner: _____ Group Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | | | |
| 19. CORRESPONDENCE ADDRESS | | | | | |
| <input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or <input checked="" type="checkbox"/> Correspondence address below | | | | | |
| Name | | Galgano & Burke | | | |
| Address | | 300 Rabro Drive, Suite 35 | | | |
| City | | State | New York | Zip Code | 11788 |
| Country | | USA | Telephone | 631-582-6161 | Fax 631-582-6191 |
| Name (Print/Type) Thomas M. Galgano | | | Registration No. (Attorney/Agent) | | 27,638 |
| Signature  | | | Date 9/26/03 | | |

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington DC 20231.
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**FEE TRANSMITTAL
FOR FY 2003**

Effective 01/01/200. Patent fees are subject to annual revision.

☐ Applicant claims small entity status.
See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)**Application Number:
Filing Date:
First Named Inventor:
Examiner Name:
Group Art Unit:
Attorney Docket No.:

Complete If Known

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit Account Number: **07-0130**Deposit Account Name: **Galgano & Burke**

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application except for issue fee☐ Charge fee(s) indicated below, except for filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid |
|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|-----------|
| 1001 | 750 | 2001 | 375 | Utility filing fee | \$ 375.00 |
| 1002 | 330 | 2002 | 165 | Design filing fee | |
| 1003 | 520 | 2003 | 260 | Plant filing fee | |
| 1004 | 750 | 2004 | 375 | Reissue filing fee | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | |

SUBTOTAL (1) (\$ 375.00)**2. EXTRA CLAIMS FEES FOR UTILITY & REISSUE**

Extra Claims Fee from Fee Paid

Total Claims 20 - 20** = 0 x 0 = 0Independent Claims 1 - 3** = 0 x 0 = 0Multiple Dependent 0 = 0

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 |
| 1201 | 84 | 2201 | 42 | Independent claims in excess of 3 |
| 1203 | 280 | 2203 | 140 | Multiple dependent claim, if not paid |
| 1204 | 84 | 2204 | 42 | **Reissue independent claims over original patent |
| 1205 | 18 | 2205 | 9 | **Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$ 375.00)**or number previously paid, if greater;
For Reissues, see above**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid |
|--------------------------|--------------------------|--------------------------|--------------------------|--|----------|
| 1051 | 130 | 2051 | 65 | Surcharge - late filing | |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 1053 | 130 | 1053 | 130 | Non-English specification | |
| 1805 | 2520 | 1812 | 2520 | For filing a request for <i>ex parte</i> reexamination | |
| 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | |
| 1805 | 1840* | 1805 | 1840* | Requesting publication of SIR after Examiner action | |
| 1251 | 110 | 2251 | 55 | Extension for reply within first month | |
| 1252 | 410 | 2252 | 205 | Extension for reply within second month | |
| 1253 | 930 | 2253 | 465 | Extension for reply within third month | |
| 1254 | 1450 | 2254 | 725 | Extension for reply within fourth month | |
| 1255 | 1970 | 2255 | 985 | Extension for reply within fifth month | |
| 1401 | 320 | 2401 | 160 | Notice of Appeal | |
| 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal. | |
| 1403 | 280 | 2403 | 140 | Request for oral hearing | |
| 1451 | 1510 | 1451 | 1510 | Petition to institute a public use proceeding | |
| 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | |
| 1453 | 1300 | 2453 | 650 | Petition to revive - unintentional | |
| 1501 | 1300 | 2501 | 650 | Utility issue fee (or reissue) | |
| 1502 | 470 | 2502 | 235 | Design issue fee | |
| 1503 | 630 | 2503 | 315 | Plant issue fee | |
| 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | |
| 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 | 750 | 2809 | 375 | Filing a submission after final rejection 37 CFR §1.129(a)) | |
| 1810 | 750 | 2810 | 375 | For each additional invention to be examined 37 CFR §1.129(b)) | |
| 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) | |
| 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | |

Other fee (specify) _____

SUBTOTAL (3) (\$)

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

COMPLETE (if applicable)

Name (Print/Type) **Thomas M. Galgano**Registration No. **27,638**Telephone: **631-582-6161**

Signature

Date **9/26/03**

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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